



PIEDMONT TRIAD AREA

Part 1 Vehicle Information

Your Travel Day Is:

Please fill out the information below about the commercial vehicles garaged at your company.

Please assign a *vehicle number* to each vehicle at your company. Then fill in the boxes to the right for each vehicle.

Vehicle Number	License Plate #	Year	Type of Vehicle (Check one box only)	Make and Model	Type of Fuel			Number of Axles	Weight (lbs)		
					Diesel	Gasoline	Other		Empty	Loaded	
1			1. <input type="checkbox"/> Single Unit Truck 2. <input type="checkbox"/> Combination Truck	3. <input type="checkbox"/> Pick-Up/Panel Van 4. <input type="checkbox"/> Van 5. <input type="checkbox"/> Car	Make _____ Model _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2, 3, 4, or 5+		
2			1. <input type="checkbox"/> Single Unit Truck 2. <input type="checkbox"/> Combination Truck	3. <input type="checkbox"/> Pick-Up/Panel Van 4. <input type="checkbox"/> Van 5. <input type="checkbox"/> Car	Make _____ Model _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3			1. <input type="checkbox"/> Single Unit Truck 2. <input type="checkbox"/> Combination Truck	3. <input type="checkbox"/> Pick-Up/Panel Van 4. <input type="checkbox"/> Van 5. <input type="checkbox"/> Car	Make _____ Model _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4			1. <input type="checkbox"/> Single Unit Truck 2. <input type="checkbox"/> Combination Truck	3. <input type="checkbox"/> Pick-Up/Panel Van 4. <input type="checkbox"/> Van 5. <input type="checkbox"/> Car	Make _____ Model _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5			1. <input type="checkbox"/> Single Unit Truck 2. <input type="checkbox"/> Combination Truck	3. <input type="checkbox"/> Pick-Up/Panel Van 4. <input type="checkbox"/> Van 5. <input type="checkbox"/> Car	Make _____ Model _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6			1. <input type="checkbox"/> Single Unit Truck 2. <input type="checkbox"/> Combination Truck	3. <input type="checkbox"/> Pick-Up/Panel Van 4. <input type="checkbox"/> Van 5. <input type="checkbox"/> Car	Make _____ Model _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7			1. <input type="checkbox"/> Single Unit Truck 2. <input type="checkbox"/> Combination Truck	3. <input type="checkbox"/> Pick-Up/Panel Van 4. <input type="checkbox"/> Van 5. <input type="checkbox"/> Car	Make _____ Model _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8			1. <input type="checkbox"/> Single Unit Truck 2. <input type="checkbox"/> Combination Truck	3. <input type="checkbox"/> Pick-Up/Panel Van 4. <input type="checkbox"/> Van 5. <input type="checkbox"/> Car	Make _____ Model _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9			1. <input type="checkbox"/> Single Unit Truck 2. <input type="checkbox"/> Combination Truck	3. <input type="checkbox"/> Pick-Up/Panel Van 4. <input type="checkbox"/> Van 5. <input type="checkbox"/> Car	Make _____ Model _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10			1. <input type="checkbox"/> Single Unit Truck 2. <input type="checkbox"/> Combination Truck	3. <input type="checkbox"/> Pick-Up/Panel Van 4. <input type="checkbox"/> Van 5. <input type="checkbox"/> Car	Make _____ Model _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Date: ____/____/____

Travel Day: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri

For Vehicle License Plate Number _____ (Write in license plate number)

Number of Axles? _____

If the vehicle is a van: ☐ Delivery van? or ☐ Passenger Van (check one only)

On this day, was this vehicle used? ☐ Yes - Continue below ☐ No - Complete Odometer # and Return questionnaire

Mileage for the travel day:

Begin Odometer Number _____

End Odometer Number _____

Instructions:

Please carry this diary with you throughout the travel day shown above.

- Record each trip you make in the order you make it. a trip is a one way movement from one location to another.
- Include the specific data requested for each trip.
- If you are leaving the Triad area and will not come back today, please fill out the information for the trip you will make and return this form to the person who gave it to you.
- Please fill in a full street address (or nearest intersection) for each location visited:

131 N. State Street
Winston-Salem, NC 27127 or N. State Street and State Hwy 1101
Winston-Salem, NC 27127

My First Trip Began at: (Check AM or PM) <input type="checkbox"/> Base <input type="checkbox"/> Other Location (indicate address below) Name of Place _____ Address or Intersecting Streets _____ City _____ State _____ Zip Code _____		What time did you leave this place? <input type="checkbox"/> AM <input type="checkbox"/> PM						
Location Address		What time did you get here?	Did you turn the engine off at this stop?	Activity at Stop (check one for each trip)	Land Use at Stop (check one for each trip)	If truck, what are you carrying? (Type of Goods) (check one for each trip)	# of persons in vehicle including driver.	What time did you leave?
1 First, I went to: Name of Place _____ Address or nearest intersection _____ City _____ State _____ Zip _____		Arrive _____ a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 Pick-up Load <input type="checkbox"/> 2 Drop-off Load <input type="checkbox"/> 3 Fuel Unit/Service Unit <input type="checkbox"/> 4 Other Business Related Travel <input type="checkbox"/> 5 Personal Business <input type="checkbox"/> 6 Return to base <input type="checkbox"/> 7 Other (Please Specify) _____	<input type="checkbox"/> 1 Office Bldg. Commercial <input type="checkbox"/> 2 Retail/Restaurant/Gas Station <input type="checkbox"/> 3 Warehouse/Manufacturing/Wholesale <input type="checkbox"/> 4 Residential <input type="checkbox"/> 5 Port/Transportation Hub <input type="checkbox"/> 6 Utilities <input type="checkbox"/> 7 Construction/Gravel/Landfill <input type="checkbox"/> 8 Other (Please Specify) _____	<input type="checkbox"/> 1 Empty <input type="checkbox"/> 2 Food or Kindred Products <input type="checkbox"/> 3 Tobacco, Textiles, Apparel <input type="checkbox"/> 4 Mail or Express Traffic/Small Packaged Freight <input type="checkbox"/> 5 Clay, Concrete Glass or Stone Products/Furniture or Products/Lumber, Pulp, Paper or Allied Products <input type="checkbox"/> 6 Petroleum, Natural Gas Metallic Ores, Coal, <input type="checkbox"/> 7 Farm, Forest or Marine Products <input type="checkbox"/> 8 Machinery Transportation Equipment or Supplies <input type="checkbox"/> 9 Waste or Scrap Material, Hazardous Material <input type="checkbox"/> 10 Freight All Kinds (FAK) <input type="checkbox"/> 11 Other (Please specify) _____	<input type="checkbox"/> 6 Petroleum, Natural Gas Metallic Ores, Coal, <input type="checkbox"/> 7 Farm, Forest or Marine Products <input type="checkbox"/> 8 Machinery Transportation Equipment or Supplies <input type="checkbox"/> 9 Waste or Scrap Material, Hazardous Material <input type="checkbox"/> 10 Freight All Kinds (FAK) <input type="checkbox"/> 11 Other (Please specify) _____	Depart _____ a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>
2 Then, I went to: Name of Place _____ Address or nearest intersection _____ City _____ State _____ Zip _____		Arrive _____ a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 Pick-up Load <input type="checkbox"/> 2 Drop-off Load <input type="checkbox"/> 3 Fuel Unit/Service Unit <input type="checkbox"/> 4 Other Business Related Travel <input type="checkbox"/> 5 Personal Business <input type="checkbox"/> 6 Return to base <input type="checkbox"/> 7 Other (Please Specify) _____	<input type="checkbox"/> 1 Office Bldg. Commercial <input type="checkbox"/> 2 Retail/Restaurant/Gas Station <input type="checkbox"/> 3 Warehouse/Manufacturing/Wholesale <input type="checkbox"/> 4 Residential <input type="checkbox"/> 5 Port/Transportation Hub <input type="checkbox"/> 6 Utilities <input type="checkbox"/> 7 Construction/Gravel/Landfill <input type="checkbox"/> 8 Other (Please Specify) _____	<input type="checkbox"/> 1 Empty <input type="checkbox"/> 2 Food or Kindred Products <input type="checkbox"/> 3 Tobacco, Textiles, Apparel <input type="checkbox"/> 4 Mail or Express Traffic/Small Packaged Freight <input type="checkbox"/> 5 Clay, Concrete Glass or Stone Products/Furniture or Products/Lumber, Pulp, Paper or Allied Products <input type="checkbox"/> 6 Petroleum, Natural Gas Metallic Ores, Coal, <input type="checkbox"/> 7 Farm, Forest or Marine Products <input type="checkbox"/> 8 Machinery Transportation Equipment or Supplies <input type="checkbox"/> 9 Waste or Scrap Material, Hazardous Material <input type="checkbox"/> 10 Freight All Kinds (FAK) <input type="checkbox"/> 11 Other (Please specify) _____	<input type="checkbox"/> 6 Petroleum, Natural Gas Metallic Ores, Coal, <input type="checkbox"/> 7 Farm, Forest or Marine Products <input type="checkbox"/> 8 Machinery Transportation Equipment or Supplies <input type="checkbox"/> 9 Waste or Scrap Material, Hazardous Material <input type="checkbox"/> 10 Freight All Kinds (FAK) <input type="checkbox"/> 11 Other (Please specify) _____	Depart _____ a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>

Part 2 Travel Diary

Location Address		What time did you get here?	Did you turn the engine off at this stop?	Activity at Stop (check one for each trip)	Land Use at Stop (check one for each trip)	If truck, what are you carrying? (check one for each trip)	# of persons in vehicle including driver.	What time did you leave?
3 First, I went to: Name of Place _____ Address or nearest intersection _____ City _____ State _____ Zip _____		Arrive _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 Pick-up Load <input type="checkbox"/> 2 Drop-off Load <input type="checkbox"/> 3 Fuel Unit/Service Unit <input type="checkbox"/> 4 Other Business Related Travel <input type="checkbox"/> 5 Personal Business <input type="checkbox"/> 6 Return to base <input type="checkbox"/> 7 Other _____ (Please Specify) _____	<input type="checkbox"/> 1 Office Bldg. Commercial <input type="checkbox"/> 2 Retail/Restaurant/Gas Station <input type="checkbox"/> 3 Warehouse/Manufacturing/Wholesale <input type="checkbox"/> 4 Residential <input type="checkbox"/> 5 Port/Transportation Hub <input type="checkbox"/> 6 Utilities <input type="checkbox"/> 7 Construction/Gravel/Landfill <input type="checkbox"/> 8 Other _____ (Please Specify) _____	<input type="checkbox"/> 1 Empty <input type="checkbox"/> 2 Food or Kindred Products <input type="checkbox"/> 3 Tobacco, Textiles, Apparel <input type="checkbox"/> 4 Mail or Express Traffic/Small Packaged Freight <input type="checkbox"/> 5 Clay, Concrete Glass or Stone Products/Furniture or Fabricated Metal <input type="checkbox"/> 6 Petroleum, Natural Gas <input type="checkbox"/> 7 Farm, Forest or Marine Products <input type="checkbox"/> 8 Machinery Transportation Equipment or Supplies <input type="checkbox"/> 9 Waste or Scrap Material, Hazardous Material <input type="checkbox"/> 10 Freight All Kinds (FAK) <input type="checkbox"/> 11 Other _____ (Please specify) _____	# of People _____	Depart _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
4 Then, I went to: Name of Place _____ Address or nearest intersection _____ City _____ State _____ Zip _____		Arrive _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 Pick-up Load <input type="checkbox"/> 2 Drop-off Load <input type="checkbox"/> 3 Fuel Unit/Service Unit <input type="checkbox"/> 4 Other Business Related Travel <input type="checkbox"/> 5 Personal Business <input type="checkbox"/> 6 Return to base <input type="checkbox"/> 7 Other _____ (Please Specify) _____	<input type="checkbox"/> 1 Office Bldg. Commercial <input type="checkbox"/> 2 Retail/Restaurant/Gas Station <input type="checkbox"/> 3 Warehouse/Manufacturing/Wholesale <input type="checkbox"/> 4 Residential <input type="checkbox"/> 5 Port/Transportation Hub <input type="checkbox"/> 6 Utilities <input type="checkbox"/> 7 Construction/Gravel/Landfill <input type="checkbox"/> 8 Other _____ (Please Specify) _____	<input type="checkbox"/> 1 Empty <input type="checkbox"/> 2 Food or Kindred Products <input type="checkbox"/> 3 Tobacco, Textiles, Apparel <input type="checkbox"/> 4 Mail or Express Traffic/Small Packaged Freight <input type="checkbox"/> 5 Clay, Concrete Glass or Stone Products/Furniture or Fabricated Metal <input type="checkbox"/> 6 Petroleum, Natural Gas <input type="checkbox"/> 7 Farm, Forest or Marine Products <input type="checkbox"/> 8 Machinery Transportation Equipment or Supplies <input type="checkbox"/> 9 Waste or Scrap Material, Hazardous Material <input type="checkbox"/> 10 Freight All Kinds (FAK) <input type="checkbox"/> 11 Other _____ (Please specify) _____	# of People _____	Depart _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
5 Then, I went to: Name of Place _____ Address or nearest intersection _____ City _____ State _____ Zip _____		Arrive _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 Pick-up Load <input type="checkbox"/> 2 Drop-off Load <input type="checkbox"/> 3 Fuel Unit/Service Unit <input type="checkbox"/> 4 Other Business Related Travel <input type="checkbox"/> 5 Personal Business <input type="checkbox"/> 6 Return to base <input type="checkbox"/> 7 Other _____ (Please Specify) _____	<input type="checkbox"/> 1 Office Bldg. Commercial <input type="checkbox"/> 2 Retail/Restaurant/Gas Station <input type="checkbox"/> 3 Warehouse/Manufacturing/Wholesale <input type="checkbox"/> 4 Residential <input type="checkbox"/> 5 Port/Transportation Hub <input type="checkbox"/> 6 Utilities <input type="checkbox"/> 7 Construction/Gravel/Landfill <input type="checkbox"/> 8 Other _____ (Please Specify) _____	<input type="checkbox"/> 1 Empty <input type="checkbox"/> 2 Food or Kindred Products <input type="checkbox"/> 3 Tobacco, Textiles, Apparel <input type="checkbox"/> 4 Mail or Express Traffic/Small Packaged Freight <input type="checkbox"/> 5 Clay, Concrete Glass or Stone Products/Furniture or Fabricated Metal <input type="checkbox"/> 6 Petroleum, Natural Gas <input type="checkbox"/> 7 Farm, Forest or Marine Products <input type="checkbox"/> 8 Machinery Transportation Equipment or Supplies <input type="checkbox"/> 9 Waste or Scrap Material, Hazardous Material <input type="checkbox"/> 10 Freight All Kinds (FAK) <input type="checkbox"/> 11 Other _____ (Please specify) _____	# of People _____	Depart _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
6 Then, I went to: Name of Place _____ Address or nearest intersection _____ City _____ State _____ Zip _____		Arrive _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 Pick-up Load <input type="checkbox"/> 2 Drop-off Load <input type="checkbox"/> 3 Fuel Unit/Service Unit <input type="checkbox"/> 4 Other Business Related Travel <input type="checkbox"/> 5 Personal Business <input type="checkbox"/> 6 Return to base <input type="checkbox"/> 7 Other _____ (Please Specify) _____	<input type="checkbox"/> 1 Office Bldg. Commercial <input type="checkbox"/> 2 Retail/Restaurant/Gas Station <input type="checkbox"/> 3 Warehouse/Manufacturing/Wholesale <input type="checkbox"/> 4 Residential <input type="checkbox"/> 5 Port/Transportation Hub <input type="checkbox"/> 6 Utilities <input type="checkbox"/> 7 Construction/Gravel/Landfill <input type="checkbox"/> 8 Other _____ (Please Specify) _____	<input type="checkbox"/> 1 Empty <input type="checkbox"/> 2 Food or Kindred Products <input type="checkbox"/> 3 Tobacco, Textiles, Apparel <input type="checkbox"/> 4 Mail or Express Traffic/Small Packaged Freight <input type="checkbox"/> 5 Clay, Concrete Glass or Stone Products/Furniture or Fabricated Metal <input type="checkbox"/> 6 Petroleum, Natural Gas <input type="checkbox"/> 7 Farm, Forest or Marine Products <input type="checkbox"/> 8 Machinery Transportation Equipment or Supplies <input type="checkbox"/> 9 Waste or Scrap Material, Hazardous Material <input type="checkbox"/> 10 Freight All Kinds (FAK) <input type="checkbox"/> 11 Other _____ (Please specify) _____	# of People _____	Depart _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

Date: 1/18/95

Travel Day: ☐ Mon ☐ Tues ☒ Wed ☐ Thurs ☐ Fri

For Vehicle License Plate Number HTY 747 (Write in license plate number)

Number of Axles? 4

If the vehicle is a van: ☐ Delivery van? or ☐ Passenger Van (check one only)

On this day, was this vehicle used? ☒ Yes - Continue below ☐ No - Complete Odometer # and Return questionnaire

EXAMPLE



PIEDMONT
TRIAD AREA

Mileage for the travel day:

Begin Odometer Number 93005

End Odometer Number 93090

Instructions:

- Please carry this diary with you throughout the travel day shown above.
- Record each trip you make in the order you make it. A trip is a one way movement from one location to another.
- Include the specific data requested for each trip.
- If you are leaving the Triad area and will not come back today, please fill out the information for the trip you will make and return this form to the person who gave it to you.
- Please fill in a full street address (or nearest intersection) for each location visited:

131 N. State Street Winston-Salem, NC 27127 or N. State Street and State Hwy 1101 Winston-Salem, NC 27127

Part 2
Travel Diary

My First Trip Began at:		What time did you leave this place? (Check AM or PM) <u>8:00</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
<input checked="" type="checkbox"/> Base <input type="checkbox"/> Other Location (indicate address below)			
Name of Place			
Address or Intersecting Streets			
City		State Zip Code	
Location Address		What time did you get here?	Did you turn the engine off at this stop?
1 First, I went to:		Arrive	Activity at Stop (check one for each trip)
Pembroke Ave + Northline Ave		8:30 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input checked="" type="checkbox"/> 1 Pick-up Load <input type="checkbox"/> 2 Drop-off Load <input type="checkbox"/> 3 Fuel Unit/Service Unit <input type="checkbox"/> 4 Other Business <input type="checkbox"/> 5 Personal Business <input type="checkbox"/> 6 Return to base <input type="checkbox"/> 7 Other (Please Specify)
Address or nearest intersection		Land Use at Stop (check one for each trip)	
City State Zip		<input type="checkbox"/> 1 Office Bldg. Commercial <input type="checkbox"/> 2 Retail/Restaurant/Gas Station <input checked="" type="checkbox"/> 3 Warehouse/Manufacturing/Wholesale <input type="checkbox"/> 4 Residential <input type="checkbox"/> 5 Port/Transportation Hub <input type="checkbox"/> 6 Utilities <input type="checkbox"/> 7 Construction/Gravel/Landfill <input type="checkbox"/> 8 Other (Please Specify)	
2 Then, I went to:		Arrive	Land Use at Stop (check one for each trip)
Batherson Ave + Westridge Road		11:00 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input checked="" type="checkbox"/> 1 Office Bldg. Commercial <input type="checkbox"/> 2 Retail/Restaurant/Gas Station <input type="checkbox"/> 3 Warehouse/Manufacturing/Wholesale <input type="checkbox"/> 4 Residential <input type="checkbox"/> 5 Port/Transportation Hub <input type="checkbox"/> 6 Utilities <input type="checkbox"/> 7 Construction/Gravel/Landfill <input type="checkbox"/> 8 Other (Please Specify)
Address or nearest intersection		If truck, what are you carrying? (Type of Goods) (check one for each trip)	
City State Zip		<input type="checkbox"/> 1 Empty <input type="checkbox"/> 2 Food or Kindred Products <input type="checkbox"/> 3 Tobacco, Textiles, Apparel <input checked="" type="checkbox"/> 4 Mail or Express Traffic/Small Packaged Freight/Printed Matter <input type="checkbox"/> 5 Clay, Concrete Glass or Stone Products/Furniture or Fabricated Metal Products/Lumber, Pulp, Paper or Allied Products <input type="checkbox"/> 6 Petroleum, Natural Gas Metallic Ores, Coal, <input type="checkbox"/> 7 Farm, Forest or Marine Products <input type="checkbox"/> 8 Machinery Transportation Equipment or Supplies <input type="checkbox"/> 9 Waste or Scrap Material, Hazardous Material <input type="checkbox"/> 10 Freight All Kinds (FAK) <input type="checkbox"/> 11 Other (Please specify)	
Depart		# of persons in vehicle including driver.	What time did you leave?
11:45 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.		1	10:25 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.

PA
TRUCKSUR.DBF - Explanation of Data Base File Structure

FIELD	DESCRIPTION
TIME	Time of Survey
SERIALNO	Serial Number of Record
EASTBOUND	Eastbound Direction
WESTBOUND	Westbound Direction
COMPANY	Name of Company on Side of Truck
COMPANY1	Company continued
VEH2AX4TSI	Vehicle Classification
VEH3AXSING	2 Axle Single Truck
VEH4AXSING	3 Axle Single
VEH3AXCOMB	4 Axle Single
VEH4AXCOMB	3 Axle Truck/Trailer Combination
VEH5AXCOMB	4 Axle Combination
VEHDOUBLE	5 or More Axle Combination
TRAILER	Combination with Double Trailer
BUS	Trailer Attached to Single Truck
BUSPRIV	School Bus
VEHOTHER	Private Bus
STARTTIME	Description of Other Type of Vehicle
STARTAMPM	Starting Time
STARTCODE	Starting Time AM or PM?
ORIGDIST	Zip Code of Last Previous Stop Address
NEXTTIME	District of Starting Address
NEXTAMPM	Next Stop Time
NEXTCODE	Next Stop Time AM or PM?
DESTDIST	Zip Code of Next Stop Address
ENDCODE	District of Next Address
ENDDIST	Zip Code of Last Stop at Midnight
PURP1	District of Last Stop Address
PURP2	Trip Purpose
PURP3	Pick Up Goods
PURP4	Deliver Goods
PURP5	Pick Up and Deliver
PURP6	Repairs
PURPOTHER	Personal
	Other
	Explanation of Other
RT83SOUTH	Route Designations
ROUTE74	
PA425	
PA851	
PA24	
MD185	
MD23	
MD623	
MD23	
MD24	
PA272	
US222	
PA472	
US1	
OTHERROUTE	
ADTEXPAND	ADT Expansion Factor